infor

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	4	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 7	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MA	item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ORD. Every	HYSICIANS	t statement	
ING	NENT REC	CTLY. P	sified. Exac	
OR BIND	S A PERMA	ated EXA	operly class	tificate.
MARGIN RESERVED FOR BINDING	K-THIS IS	hould be st	may be pr	back of cer
GIN RESI	ADING IN	ed. AGE s	is, so that it	tructions on
MAR	WITH	fully suppli	n plain term	nt. See inst
•	PLAINLY,	ould be care	F DEATH i	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation she	CAUSE	TION is v

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07181
1. PLACE OF DEATH	95-6
County Garrett	Registration Dist. No. 8 165
Village Dr City Oakland (II	No. 70 Oak St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S.II oI foreign birth?yrsmosds.
2. FULL NAME William Clay Bun	cutter
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normale 4. COLOR OR RACE OR DIVORCED (write the word) Underwite  Sa. 1f married, widowed, or divorced	21. DATE OF DEATH  (North)  (Day)  (Year)
(OF) WIFE OF Charlottes Belle Shuttlesworth - B	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 26, 1844	I last saw have alive on 12 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atam.
89 10 18 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Lemen
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  ID. Date deceased last worked at this occupation (month and	Carlie Rush
year) occupation	Other Contributory Canocs of importance:
12. BIRTHPLACE (city or town)	
13. NAME William Clay Buncutter	
13. NAME William Clay Currentter  14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME La Collen Brines	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) W. Va.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Capland, may R. 7. D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLÁCE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Darlier, mh. Date July 16, 1934	Nature of injury
19 UNDERTAKER Balderia Undertaking Esth.	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Cakland, md.)	If so, specify
20. FILED UN 2, 1934 Juliu Center. Registrar.	(Signed) M. D.  (Address) Oarland The
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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	8
	Registration Dist. No. 167
	Al-
lf	death occurred in a hospital or institution, give its NAME instead of street and number)
OS.	ds. How long in U.S. if of foreign birth?yrsmosds.
-	ills-
	St., Ward.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH WHY 26 - 24
-	(Month) (Day) (Yaar)
1	22. 1 HEREBY CERTIFY, That I attended deceased from
_	July 26 ,1934, 10 July 26 - , 1934
4	I last saw & aliva on Stallborn 1934 : daeth is seld
	to have occurred on the date stated above, at 200 m.
	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
	ware as follows:
	Still born.
	the state of the s
	Hemorhage
ď,	- VI VIII VIII
	Olt- C. Add
	Other Contributory Causes of importance:
)	
	Name of anything
-	Name of operation Data of
	What test confirmed diagnosis?
	23. If death was due to external causas (VIOLENCE) fill in also the following:
-	Accident, suicida, or homicida?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	H
-	Nature of injury  24. Was disease or injury in any way related to occupation of dacased?
-	If so, specify
	117.011 - 13.04 - 5
-	
4	(Address) The Massix flesher.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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3.			

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	050
County Garrett Caunty	Registration Dist. No. / 70
Village or City Lanacaning, and	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	//
2. FULL NAME Shirley hear	Clark
(a) Residence: No. Lanasas (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (wrighthe word)  Child On Divorced (wrighthe word)	21. DATE OF DEATH  Wee  (Month) (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
E DATE OF BIRTH (month day and year) Queles 16 1934	, 19, to, 19,
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the dete steted ebove, et
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked et this occupation (month and spent in this securetion (month and spent in this securetion).	were as follows: Providing Bath Date of onset
SAW MILL, BANK, etc.  1D. Dete deceesed lest worked et this occupetion (month and yeer)  12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Way land	
4. BIRTHPLACE (city or town) May May (State or country)	Name of operation Dete of
	What test confirmed diegnosis?
15. MAIDEN NAME Mary E. Harlaboke 16. BIRTHPLACE (city or town) Mary land (State or country)  17. INFORMANT John & Clark	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CHEMATION, OR REMOVAL PiacClarda Connecting Date July 14,1934	Manner of injury
19. UNDERTAKER III & Echhoring (Address) Lange and 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Wes disease or injury in any wey releted to occupetion of decessed?  If so, specify  (Signed) 1225 B Brown Local Regmon
Registrar.	(Address) AVILION MA

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			23-22-27

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
County Javetti	Registration Dist. No.
Village or City Teas Ceynalds  Length of residence in city or town where death occurred 21 Mars	No. St., Wo  If death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign birth? yrs. mos.
the man 11	4 Azemboker
4 - +1 > 1 . 1 . 1 . 3	What Wash
(a) Residence: No. June (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of None	1 HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) July 151934	Carry self powers deel 151 193 Geath is
7. AGE Years Months Oays If LESS than	to have occurred on the date stated bove, at 1 2 m.
Stilliorn I day,hrs	were so follows:
8. Trade profession or particular	Oate ocon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at 11. Total time (years)	Antraciference asphypea 7/19
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7
10. Oate deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) new Reynolds. md-	Other Contributory Causes of importance:
(State or country) Garrett Country	
13. NAME francis Fazertakel	0
13. NAME parent fagestaffer  14. BIRTHPLACE (city or town) Fisher Roch: MA  (State or country)	Name of operation Date of Date
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Bestha Street  16. BIRTHPLACE (city or town) Elke State or country)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PULL Evalue trying (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Friend Rock mas Date fully 17 , 193	Nature of Injury
19, UNDERTAKER AS Boal	24. Was disease or Injury In any way related to occupation of deceased? 20
	If so, specify OCA
(Address) Batter, MA.	- 1
(Address) Bacton, Mr.	

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Other contributory causer of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	· 1 year

1. PLACE OF DEATH  County  Village or City  Carel and Rel  (If  Langth of residence In city or town where death occurred yrs	Registration Dist. No. 1 6 6  No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) Lucy 21 1934	1 HEREBY CERTIFY That I attended daceased from 1934, to 1934, to 1934 I lest saw h 1934, to 1934 I lest saw h 1934 I les
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14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	PLACE OF DEATH	CERTIFICATE OF DEATH 07186
	County & arrett	Registration Dist. No. 16/
	Village or City Friendsville	No. St., V
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birtb?yrsmos.
2		rance
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. S	PERSONAL AND STATISTICAL PARTICULARS  EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
2	Male Skite OR DIVORCED (write the word)	(Modith) (Day) (Yaar
Ja.	HUSBAND of (or) WIFE of Katherine Frage	22. I HEREBY CERTIFY, That I ettanded deceased
6. D	ATE OF BIRTH (month, day, and year) Nov-18-1849	t last saw harm aliva on July 14 , 1934; death is
7. A	GE Years Months Deys if LESS than I dayhrs.	to have occurred on the dete stated above, at 2.40 Pe.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
1	O   O   O   O   O   O   O   O   O   O	wara es follows:
S S	8. Trade, profession, or particular kind of work dona, as SPINNER, Farmer, Returned SAWYER, BOOKKEEPER, etc.	Progressive paralyur
CUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ö	10. Data deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Md. (State or country)	Other Contributory Causes of importance:
2	13. NAME I sase T. Fragee	007007
FATH	14. BIRTHPLACE (city or town)	Neme of operation
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Barbara Thomas	23. If death was due to external causes (VIOLENCE) fill In elso the following:
MOT	16. BIRTHPLACE (city or town) (Stete ar country)	Accident, suicide, or homicide?
	INFORMANT Mrs) Isa Huffi (Address) Friendswill MI	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Piaca Tragae, Tedge Con Date July 21, 1934	Manner of injury
19.	UNDERTAKER HAT Odefanger (Address) Somesfield Fa.	24. Wes disease or injury in eny wey related to occupation of deceased?
20.	FILED rely 20, 1934 flammette Statles	(Signed) N. J. Mysselle Mg.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

in stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the articular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN	

should state of OCCUPA.

1. PLACE O	F DEATH Garrett			- A42		
County	0	30		Registration [	Dist. No. 166	
Village or Length of re	,		(1)	No.  death occurred in a hospital or institution, give its NAME  ds. How long in U.S. if of foreign birth?	St., instead of street and number yrsmos	
2. FULL NA	ME Charles	Oliver	Lohr			
(a) Reside	nce: No.	(Usual place	e of abode)	St., Ward.	give city or town and State	
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH	
Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	27'1 , 193	
	wad, or divorced  Charles Oliv  (month, day, and yaar) Ap			22.   HEREBY CERTIFY Left 16 1934, to 16	r. That i attended deceasa	
	ars Months	Days	If LESS than	to have occurred on the date stated above, at 8.10		
51	3	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas were am follows:		
9. industry or work was SAW MI 10. Date dacea this occur yaar)	work done, as SPINNER, R, BOOKKEEPER, etc	spe occ	time (yaars) ent in this eupation	Septement Shire infury by Other Contributory Causes of importance:	imple)	
(State or cou						
14. BIRTHPLAC	arles Olive E (city or town) Somme r country)		•	Name of operation	Data of	
15. MAIOEN NA	MEEva Ellen	Myers		23. If death was due to external causes (VIOLENCE)		
15. MAIOEN NAMEEVE Ellen Myers  16. BIRTHPLACE (city or town) New Germany Md.  (State or country)			Md.	Accident, suicide, or homicida? D Whare did injury occur?	A TOTAL STATE OF THE PARTY OF T	
17. INFORMAN Mrs. Dessie Junkins (Address) Oakland, Md.				(Specify city or town, county and State Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLA		
18. BURIAL, CREMATION, OR REMOVAL Place Myers Cemetery Date July, 29, 1934			, 29,,,34	Manner of injury		
	Emory Bolde	n O		24. Was disease or injury in any way related to occupat	tion of deceasad?	

\_\_\_\_\_\_\_grs.\_\_\_\_\_\_mos.\_\_\_\_\_ds.

FY. That i attended deceased from causas of importance Oate of enset Was there an autopsy?\_\_\_\_ E) fiffin also the following: ... Date of injury...., 19.... or town, county and State) HOME, or in PUBLIC PLACE. cupation of deceasad?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	22		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07.188
1. PLACE OF DEATH	- P2-0
County Parist Mary Village or City arange. Mar	Registration Dist. No. 167
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME ( LUIS / LICHARY )	Martin
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	(Monty) (Oay) (Year)
Sa. If marriad, widowed) or divorced HUSBAND of all Martin	22.   HEREBY CERTIFY, That I attended deceased Admit
6. DATE OF BIRTH (month, day, and year) Que. 3/1915	I last saw home alive on Val 7 13 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 P.m.
18 11 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or particular	Epilepsy 1925
SAWYER, BOOKKEEPER, etc Tasuer	Comed hyperpyrexia
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	probably due to cerebral homorrhage 4 days
10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) Cakland. (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) Carlos  (State or country)	Name of operation None Oats of What test confirmed diagnosis? Winical Canse Was there an autopsy? No
15. MAIOEN NAME RASSALA, 180 Blate	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME CANALE Backete  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicida? Date of Injury, 19
17. INFORMANT Carl Magtein	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Let Hause Oate July 19, 19.34	Manner of injury
19. UNOERTAKER Engage D. Balden (Addrass) Ratherman do Mal	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. ENERGY /8, 1934 mlia Kourn Registrar.	(Signad) Harold C. Miller M.D. (Address) Eli lon W.Oa.
(16 more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		3 13 5 3 5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		BECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11.5

WRITE

. S. No. 1

PLACE OF DEATH

(131)

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or	City Ks	nist	ove	ło	Accorded (Marco		 
	2FIII NAME	720	to	non	m 6	9	

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WILL WHILE OF RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 - 1934 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the decessed fro
(Month) (Day) (Year	that I last saw help alive on 190
7 AGE   If LESS tha	s. The CAUSE OF DEATH * wes as follows:
B OCCUPATION  (a) I rade, profession or particular kind of work	and throme reporters
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yre mose
State or country)	Contributory Secondary
10 NAME OF FORM Towallrs	(Signed) Edward Hollow
St OF FATHER (State or country)	*State the Distase Causing Death, or, in deeths from Violent Caus s, state (1) Means of Irrary and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER brown don't Ruon	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. ds. State yrs mos.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) MA Rolling housely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	20 UNDERTAKER ADDRESS
Filed July 22 1984 Elmer C. Shap	De Dune Com Throngs 2017

If more b.anke are needed, addrese State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

The SUL

(Approved by U. S. Census and American Public Health Association.)

CERTIFICATE OF DEATH

f these of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Ciril engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, worl: d on may form part of the second statement. state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emhou shold only and paid Housekeepers who receive a en at home. Asver return 'Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housemaid, etc. If the occupation has been changed action is very important, so that the relative health nite salary), may be entered as Housewife, Houseet:., Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm leborer, Laboreryrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, H 6 are engaged in the duties of the Automobile factory. The material Salesman, (b) -Coul mine, etc. Wom-Locomolive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". inges, peritonacum, etc., Carcinoma, Sarcoma, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection Chronic interstitud nephritis, use of "Tumor" for analignant neoplasms): Measles; "PJERPERAL septicuemia," "TUERFERAL perilonihis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite direase " Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough: State cause for which surgical operation was undercarbolic acid-probably sweide. The nature of the injury, accident; Revolver wou d of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy" "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or misearriage " "Marasmus," "Old Age," "Shock," Cheronic ete. valentar heart The contributory need not be ete., of

If this certificate is toked over thoroughly and a lqu tions and vered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07556
County Sarger	Registration Dist. No.
Village or City Shaw Alo	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Levine Fredrick &	anch
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OR RACE 9. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (Calyrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or diverged HUSBANO of Corp. WIFE of Sellie Bangh	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sache 7 - 1868	I last saw h alive on may 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 - 36 a.m.
7/ 4 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Ifade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc.	7-31-39
S 9. Industry or business in which	The land the second 1932
work was done, as SILK MILL, SAW MILL, BANK, etc	print - 1, 50 de 2 de 175
Spelletti (ilis	
year) occupation Although	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 2 axed (State or country)	
OL D	
E Bouthell	manufacture and the second
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM Sildas Howel	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAM SILAGE HOWELL 16. BIRTHPLACE (city or town) Barrett 16.	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT BUYER Sough	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place The June Date and 2 1934	Manner of injury
19. UNDERTAKER Atha & Sharfilese (Address) Blance 1992a	24. Was disease or Injury in any may related to occupation of deceased?
20. FILED Aug 9, 1034 A & Barriel Registrar.	(Signed) (Address) (Address) (Address) (Address)
If more blanks are model address State Parish	N. C. J. C P. C. P. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street our	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	3.	

certificate.

of

back

See instructions on

important.

TION is very

-WRITE

V. S. No. 1

should state item of infor-

of OCCUPA-

	STATE C	F MAR	YLAND-	CERTIFICA	TE OF DEATH	07191
County	OF DEATH Garrett			(	Registration Dist. No. 6	36
Village or Length of r	City_Oakland_L esidence in city or town where	Taryland	(1) yrs,mos	No. f death occurred in a hospita ds. How long in	alor institution, give its NAME instead of s n U.S. If of foreign birth?yrs.	St., Ward treet and number) ds.
	AME Silas Ed	lward Sh	nirer			
(a) Resid	ence: No.	(Usual place	e of abode)	St.,Ward	. If nonresident give city or	town and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDIC	CAL CERTIFICATE OF DE	ATH
3. SEX Male 5a. If married, wid	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE Widov	RRIED, WIDOWED, ED (write the word) Ter	21. DATE OF DE	July 17, 19 (Month) (Day)	34 , 193 (Yeer)
HUSBAND of (or) WiFE of	The second second second		1850	July, 16,	REBY CERTIFY, that I 1934 19 to July, ve on July 17, 1934	17 ,19 34
7. AGE Y	ears Months	Days	If LESS than I day,hrs.	to heve occurred on the	date stated above, et. L. A	
1000 Tendo no	fession, or particular	insmith		Chronic My	&orditis	Date of onset
SAW N	r business in which was done, as SILK MILL, Ti IILL, BANK, etc.	n-shop		Arterial		
10. Date dece this oc yeer)	esed lest worked at cupation (month end 1930	11. Total	time (yeers) ent in this 54 upation 54	01		
	city or town) Red Hou		ett Co.	Other Contributory Cause	es or importence;	

FATHER

Peter Shirer 13. NAME

14. BIRTHPLACE (city or town) Penn (Stete or country)

15. MAIDEN NANGHARLOTT MOTHER Newman

Penn 16. BIRTHPLACE (city or town) (State or country

Shirer

(Address) 18. BURIAL, CREMATION, DR REMOVAL

19

Emory Bolden 19. UNDERTAKER (Address)

20. FILEDZIL

Registrar.

What test confirmed diegnosis?	Wes there en eutopsy?
23. If death was due to external causes (VIOLENCE) fil	Il In also the following:
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?(Specify city or Specify whether injury occurred In INDUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ,	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

07192

D.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07192
1. PLACE OF DEATH	93-0
County Yarrell	Registration Dist. No. 74 166
Village or City Crelling	ND. St., Ward
A. I	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
11/4/2 Mal	the
2. FULL NAME I SEGMENT OF	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Magried	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended dacaasad from
(or) Will of Groval Smith,	June 25, 1934, 10 July 1, 1935
6. DATE OF BIRTH (month, day, and year) 2 - 22 - 1852	I last saw have alive on fully 7 , 1934, death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atAm,
12 4 19 rusy,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Pl my
SAWYER, BOOKKEEPER, atc	1 prome Mego cordino
work was done, as SILK MILL.	
SAW MILL, BANK, etc	
yaar) occupation month and occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Little Mendows	Oligi Coulinatory Cauco di Importanca.
(State or country) Dew York	
13. NAME John Struth	
4 14. BIRTHPLACE (city or town)	Name of oparation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Colombialist	23. If daath was due to external causes (VIOLENCE) fill In elso the following:
16, BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide? Date of injury, 19
Cotate of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 04/11/11/19	Menner of injury
Place Terrallia Date July 130 31	Nature of injury
MANAGE Empas Balder	24. Was disease or injury In any way related to occupation of decaased?
TO UNDERTAKER CANDAL COMMON	If so, specify
25 Fredly 12, 1934 rulia Kewan	(Signed) // C. Hurrer Weegh M. D.
Howe Registrar.	(Addréss)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH

Contributory

Secondary

St.:

MEDICAL CERTIFIC.

I HEREBY CERTIFY, That

(Month

# STATE OF MARYLA CERTIFIC

			, .	-	/
Registration	Dist.	No.	/	/ /	<b>/</b>

ATE OF DEATH
tion Dist. No. 17/
Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
ATE OF DEATH
1 30, 1934
(Day) (Year)
July 30 , 1934
stated above, at 100 m.
ME:
2
3 yrs mos de
James de,
Death, or, in deaths from of Injury and (2) Whether
liospitals, Institutions, Trans-
In the Stateyrsmosds.
DATE OF BURIAL

(Address) \*State the l'iscase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. LINGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. Where was disesse contracted, it not at place of dea h?..... Former or usual residence

DORESS

If more banks are needed, addre s tate Registrar, 13 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

0.00 Registras

M

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as regulatorer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid st\_ted unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MOTHER FATHER

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07195
1. PLACE OF DEATH	1/6
County GARRETT	Registration Dist. No.
Village or City MT: LAYE PARK	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. II of loreign birth?yrsmosds,
2. FULL NAME HARRIETTE MILES TH	PAVER
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of JAMES WILLIAMS TRAVER	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) DEC. 12 1870	I fest saw h wallve on walls - 1934; deeth is seld
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
64 7 5 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HOTEL MANAGER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month end spent in this	Chiena hephintes & July 14- Carterio sels sais ? Mesplasan of stomach curg of
year) occupation  12. BIRTHPLACE (city or town) HALIFAX COUNTY  (State or country) VIRGINIA	Other Contributory Causes of importance:  Poss Interde: New fellows ?
13. NAME DR. THOMAS MILES  14. BIRTHPLACE (city or town) (State or country), VIRGINIA	Neme of operation Date of Was there an autopsyl
15. MATOEN NAME LUCY LEWIS PALMER  16. BIRTHPLACE (city or town) (Stete or country)  17. MATOEN NAME  18. MATOEN NAME  18. MATOEN NAME  19. MA	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Hale Jacobe (Address) mx Late Park Me	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place SUTH BOSTON, ADate 7-18, 1934	Manner of injury
19 INDERTAKER MILLY BOLLEY MILLY AND MILLY	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO f. 1934 Julia Owal Registrar.	(Signed) M. D.  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

-WRITE PLAINLY, WITH ONFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07194
1. PLACE OF DEATH O	
County	Registration Dist. No.
Village or City hish Koose Pars, Mil	No. St., Ward
	death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME Topolhick!	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  Z  (Year)
Sa If married, widowed, or divorced HUSBANO of L. J. M. Lorsolnické	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 27 1934	l last kaw h elive on ,19 ; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et
O O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	the Brown
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year)  11. Total time (yeers) spent in this occupation.	(DEAR about 3 WECUS)
12. BIRTHPLACE (city or town) My Lance Part, (State or country)	Other Coutributory Causes of importance:
13. NAME Thomas men Topolnicki	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)  I 15. MAIOEN NAME The short But To Nande to	What test confirmed diegnosis? Was there an autopsy?
	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Town Tween Topolnicki (Address) The Late Par hel	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Mouse Camelypate July 27, 19.34	Mannar of Injury
19. UNDERTAKER again of augh acting	24. Was diseasa or Injury In any way related to occupation of dacaasad?
20. SHERRY 27, 1934 Julia Kowan Registrat.	(Signed) Translation M. D.  (Address) Our of and 2nd
Acgistrar.	(Aution)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	4,	03A/3038		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Savell	Registration Dist. No.
Village or City / Villagerillee	No. St. Ward
(I Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
( , p' / h) 04/	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Joyces 121 chard 45%	lack.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 S. SEX  4 COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 7 193 4
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	(Month) (Day) (Year)
(W) HITE OI	July 2 3 ,193 ×, 10 July 2 7 ,193 ×
6. DATE OF BIRTH (month, day, and year)	lest saw him alive on July 17 1934; death is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated above, at. \$30 H.m.
2 9 24 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of oncet
SAWYER, BOOKKEEPER, etc	Maile Entero-Colitis 7/23/3
S. Industry of Business in Which Work was dona, as SILK MILL, SAW MILL, BANK, etc	due to lating a quantity
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar) occupation.	g raw green hucklytunics
12. Time 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
= ////////////////////////	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME PARA ST HOUSE	What test confirmed diagnosis?
E W. Zen Mag	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Oate of Injury, 19  Where did Injury occur?
17. INFORMANT Thomas Hilaces	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cansulf conseled Date 7 29, 19 39	Nature of injury
19. UNDERTAKER OF THE A Sharfilese	24. Was disease or Injury in any way related to occupation of deceased? 223
(Address) Storms W. A.	If so, specify A A A A A A
20. FILED/128/34, 19 119 10 Cerrich	(Signed) U. M. D.
Registrar.	(Address) Dlane U.Y.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		0 4 / 1 2 2/ - 3/21		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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